

Civil Action No. 2:25-cv-31-KS-MTP

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) High Rise Financial  
 was received by me on (date) \_\_\_\_\_.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) High Rise Mktg & Adm. as agent by A.S., who is  
 designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☐ Other (specify): \_\_\_\_\_

My fees are \$ 0 for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 6-2-25

  
 Server's signature

Abba Robinson Esq.  
 Printed name and title

227 E. Pearl St Jackson MS 39201  
 Server's address

Additional information regarding attempted service, etc:

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
EASTERN DIVISION**

**VANESSA J. JONES Esq. and,  
JONES LAW FIRM PA**

**PLAINTIFFS**

**VS.**

**CIVIL ACTION: 2:25-cv-31-KS-MTP**

**HIGH RISE FINANCIAL, (HRF)  
ANY OTHER NAME FOR HIGH RISE FINANCIAL,  
including associated companies of HIGH RISE FINANCIAL  
HIGH RISE FINANCIAL PARENT COMPANY,  
MIKE MACKIE individually and in his capacity of HRF  
JOHN DOE COMPANY, JOHNE DOE individually**

**DEFENDANTS**

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**NOTICE AND ACKNOWLEDGMENT FOR SERVICE BY MAIL**

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TO: High Rise Financial, (HRF) 11110 Ohio Avenue, Los Angeles CA, The enclosed summons and complaint are served pursuant to Rule 4 ( c)(3)of the Mississippi Rules of Civil Procedure.

You must sign and date the acknowledgment at the bottom of this page. If you are served on behalf of a corporation, incorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return the form to the sender within 20 days of the date of mailing shown below, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint.

If you do complete and include this form, you (or the party on whose behalf you are being served) must respond to the complaint within 30 days of the date of your signature. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare that this Notice and Acknowledgment of Receipt of Summons and Complaint was mailed on April 15, 2025.

**THIS ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT  
MUST BE COMPLETED**

I acknowledge that I have received a copy of the summons and of the complaint in the above-captioned matter in the State of \_\_\_\_\_.

Signature \_\_\_\_\_

Relationship to entity/Authority to Receive Service of Process \_\_\_\_\_

Date of Signature \_\_\_\_\_

State \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the undersigned authority in and for the State and County aforesaid, the above name \_\_\_\_\_, who \_\_\_\_\_ solemnly and truly declared and affirmed before me that the matters and facts set forth in the foregoing Acknowledgment of Receipt of Summons and Complaint and true and correct as therein stated.

Affirmed and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Seal: \_\_\_\_\_



JACKSON  
401 E SOUTH ST  
JACKSON, MS 39201-9820  
(800)275-8777

04/15/2025

03:52 PM

Product	Qty	Unit Price	Price
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PM Express	1		\$31.40
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Flat Rate Env

Sacramento, CA 95833

Flat Rate

Signature Requested

Scheduled Delivery Date

Thu 04/17/2025 06:00 PM

Money Back Guarantee

Tracking #:

EJ391541868US

Insurance

\$0.00

Up to \$100.00 included

Total			\$31.40
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Grand Total:			\$31.40
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Credit Card Remit			\$31.40
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Card Name: VISA

Account #: XXXXXXXXXXXX4295

Approval #: 267946

Transaction #: 097

AID: A0000000980840

Chip

AL: US DEBIT

PIN: Not Required

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm> or call 1-800-222-1811

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com) USPS Tracking or call 1-800-222-1811.

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Go to: <https://postalexperience.com/Pos>  
or scan this code with your mobile device,



or call 1-800-410-7420.



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Tracking Number:

**EJ391541868US**[Copy](#)[Add to Informed Delivery \(https://informedelivery.usps.com/\)](https://informedelivery.usps.com/)

Scheduled Delivery by

**THURSDAY****17**April  
2025 ⓘ

by

**6:00pm** ⓘ

Feedback

Your item was delivered to the front desk, reception area, or mail room at 10:51 am on April 18, 2025 in SACRAMENTO, CA 95833. Waiver of signature was exercised at time of delivery.

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**Delivered**

Delivered, Front Desk/Reception/Mail Room

SACRAMENTO, CA 95833

April 18, 2025, 10:51 am

**Out for Delivery**

SACRAMENTO, CA 95833

April 18, 2025, 6:10 am

**Arrived at Post Office**

SACRAMENTO, CA 95813

April 18, 2025, 1:24 am

**Arrived at USPS Regional Destination Facility**